



**STABILITY CHAIN OF CUSTODY REPORT  
PICK UP/SAMPLING SUMMARY**  
Page 1 of 2

<b>COMPANY:</b>				<b>List of Testings</b>												
<b>ADDRESS:</b>																
<b>CONTACT:</b>																
<b>PHONE:</b>																
<b>BILL TO:</b>																
<b>Method of Payment or P.O. #</b>																
If different billing address, please indicate																
<b>Sample Description and Product Name:</b>																
<b>IRVINE # (Office Use)</b>	<b>Stability Time Point</b>	<b>Lot No.</b>	<b>Storage condition</b>	<b>*Indicate 'X' to refer a test per Time Point</b>												



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IRVINE # (Office Use)	Stability Time Point	Lot No.	Storage Condition	* Indicate 'X' to refer a test per Time Point										

<b>Please reference quote #</b>	<b>*Customer Signature:</b>	<b>Date:</b>	<b>Sample Disposal</b> <input type="checkbox"/> Return <input type="checkbox"/> Disposal -90 day
<b>Stability Protocol #</b>			
<b>Use Customer Test Meth#/ Rev #</b>	<b>Received By (IRVINE):</b>	<b>Date:</b>	
<b>Temporary Storage Conditions:</b>			
<b>General Comments:</b>			
*By signing you authorize IRVINE to perform the specified analyses and agree to IRVINE's terms and conditions			